



CITY OF KENNESAW BUSINESS LICENSE OFFICE

2529 J.O. Stephenson Avenue, Kennesaw, Georgia 30144

(770) 424-8274 (OFFICE) (770) 429-4559 (FAX)

www.kennesaw-ga.gov

SOLICITING PERMIT

Business Name _____

Business Address _____

City/ State/ Zip _____ Phone _____

Name Of Applicant/ Agent _____

Home Address _____

Phone _____ SSN# _____

Nature of Merchandise, wares, or items to sell or donations: _____

Proof of association with firm (required) : _____

List all persons assisting in the soliciting, canvassing, or calling from house to house in the City of Kennesaw. Include complete address, phone number, and social security number.

1. _____
2. _____
3. _____
4. _____
5. _____

Attach a separate list if more spaces are needed. Maximum 25 persons per permit. Permits are limited to 90 days. Hours from 9:00 A.M. to 6:00 P.M.

I understand that this permit is a privilege, and it may be revoked at anytime. I am also aware that soliciting or canvassing outside the allowed hours can result in revocation of this permit, and or a citation. In addition I understand that my business must conform to all rules and regulations of the City of Kennesaw, and I must produce a copy of this permit upon request.

Applicant signature _____

Dates & Location of Solicitation: _____

Permit issued by: _____

Date: _____